

Rep. Warren



December 1, 2009

Breast-feeding mom booted from Detroit-area Target

The Associated Press

HARPER WOODS — A woman says she was kicked out of a Detroit area Target store because she was breast-feeding her child in the electronics aisle.

Mary Martinez said she was stopped Sunday by a security guard after she began feeding her 4-week-old daughter during a visit to the store in Harper Woods.

Her husband, Jose Martinez, tells WJBK-TV the couple was told by the security guard that the act was "against the law" and told to leave. Jose Martinez said as a Detroit police officer, he knew that was not true.

Harper Woods police responded, and the couple left the store.

Target officials told WJBK that they regret the incident. They said breast-feeding is allowed in their stores, but police were called because there was concern for the safety of their guests.

XX HOME **PULSE:NEWS&OPINION :: JUNE 23, 2004**

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When breastfeeding conflicts with morés in the mall

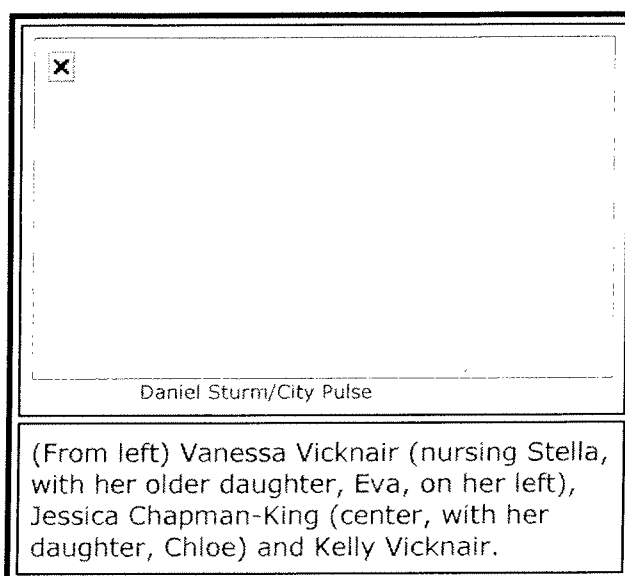
By DANIEL STURM

Vanessa Vicknair moved to Lansing from Seattle five years ago. She thought both cities were progressive – until recently.

On June 12, she went shopping with her sister-in law Kelly Vicknair and friend Jessica Chapman-King at the Lansing Mall. The three mothers were tired, and their children hungry. They spotted a comfortable couch in the mall's designated family area. When Vanessa began breastfeeding her 8-week old daughter, a security guard approached and told her she should use the nursing room at the end of the hall, or otherwise stop breastfeeding. "He told me I was on private property and breaking indecent exposure laws," Vicknair said.

Vicknair said she was so shocked by his remarks that her hands started shaking. She told the guard that she had never heard of a mother being told to stop nursing her child and that Michigan law protects a mother's right to breastfeed in public. "Do you understand that you can't stop us from nursing? The stuff you are doing used to maybe happen in the 1980s, in a back town, or maybe in a southern state!"

Vicknair said the guard replied that he wasn't going to argue with her and that he wasn't aware of any state law that allowed breastfeeding in the public.



Legislation protecting a woman's right to breastfeed wherever they go with their baby exists today in more than half the states, including Michigan. In 1994 Michigan legislators amended various sections of the state criminal code to expressly state that public nudity does not include a woman's breastfeeding of a baby.

The first legal battle over breastfeeding was fought in 1977, after New York mother Barbara Damon was banished from a public swimming pool after refusing to nurse her infant in the ladies' room. As a result, her family's pool pass was revoked, and the village enacted an ordinance forbidding public breastfeeding at the pool. Eventually the ordinance was repealed, Damon was paid damages and a facility was built where all mothers could feed their babies. More recently, New Jersey passed a law in 1997 levying a fine for anyone who denied a woman the right to breastfeed in public.

Was the Lansing Mall security guard breaking Michigan law? The mall's marketing director, Jodi Hoeg, said that she believes what happened

"Legislation protecting

* an error:
the only
protection
is
against
being
prosecuted
for
public
nudity

between the security guard and Vicknair must have been a misunderstanding. "We do allow people to breastfeed in the shopping center," she said.

Hoeg said that security personnel were trained to approach nursing mothers to let them know that a nursing room was available as a special service, not as a requirement. "The nursing room is a fairly new amenity that a lot of customers are probably not aware of," Hoeg explained. During a renovation in November 2002, a new family bathroom was added to the Lansing Mall, as well as a nursing room and changing room for toddlers. "I think our security officer approached this woman to let her know this room is available."

But Vicknair said this is not what happened. She and Chapman-King claimed that the guard told her she was breaking the law and that she had to use the nursing room. Vicknair said the guard used the expression "committing indecent exposure." Added Vicknair: "He also told me that I absolutely had to quit, because I was on private property and it was up to them."

Vicknair stood her ground, however, and after she finished nursing her daughter, she went to the security office to talk to the guard's supervisor, and file a complaint. But the guard said that his supervisor was on vacation and wouldn't be back until Monday.

The women then walked to the guest service desk, where the service representative told them they had received many complaints from shoppers uncomfortable with mothers breastfeeding in public, which is why the Lansing Mall staff was directed to inform them about the nursing lounge.

Vicknair said she was outraged by the idea that nursing women were a target for complaints. "I don't think anybody even saw us other than the security guard," she said. After all, weren't they sitting in the "family area," away from the main mall? Added Vicknair: "I had my daughter eight weeks ago, and I was wearing a maternity shirt and a lot of fabric. Nothing was exposed. If you walked by, you would have seen the back of my daughter's head."

Vicknair said that a security guard followed the three mothers out of the mall, and they had felt as if they were being treated like criminals.

Her friend, Chapman-King, said she was shocked to see that a woman breastfeeding could be treated with such disrespect in Lansing. She had nursed her first daughter Eva until age 3-1/2 without problems, although she had done so in a number of public places and malls in the Greater Lansing area. She recalled breastfeeding her 6-month-old daughter in the middle of the Lansing Mall Food Court two months ago. Chapman-King said that usually if someone notices a nursing mother, they simply look the other way.

The La Leche League, an international advocacy group for breastfeeding that maintains consultative status with the United Nations Children's Fund, traces hostility against breastfeeding mothers back to outdated moral taboos in the West, which over the last century have been used to deter women from

a woman's right to breastfeed wherever they go with their baby exists today in more than half the states, including Michigan. In 1994 Michigan legislators amended various sections of the state criminal code to expressly state that public nudity does not include a woman's breastfeeding of a baby."

breastfeeding. The League points out that the increased legal recognition of the right to breastfeed in public has been one step toward helping society become less judgmental and more supportive. "But society's views and taboos are not easily changed," argued the late La Leche League leader Elizabeth Baldwin in a report published on the group's Web site, at www.lalecheleague.org.

Many state governments support breastfeeding programs partly due to cost savings. Hundreds of millions of tax dollars continue to be used to purchase artificial baby milk. Government agencies also support breastfeeding because it provides significant health benefits.

Babies who are not breastfed have higher rates of death, cancer, diabetes, respiratory illnesses, allergies, obesity and developmental delays. Breastfeeding also has health benefits for the mother, including delayed return to fertility and decreased risk of cancer of the breast and ovaries.

In 2002, the World Health Assembly adopted UNICEF's global strategy to create an environment that empowers women to breastfeed exclusively for the first six months, and continue breastfeeding for two years or more. The U.S. Surgeon General recommends that babies be breastfed for at least one year.

Vicknair said she's not simply going to get over her "horrible" experience at the Lansing Mall. She's asking other mothers to share their stories and organize a nurse-in, which is a protest event of nursing mothers and their families and friends. Vicknair said she would like to see a large rally in the center of the Lansing Mall to "raise awareness and let them know that they can't do what they did."

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Testimony of Kelly Hobby Fuks

My Story

In December 2005 my daughter was six months old and still exclusively breastfed. I decided to take my 3-year-old son and infant daughter swimming at the Ann Arbor YMCA. My friend, who had similarly age children, joined us at the pool. After swimming for about 30 minutes in the family pool my daughter began showing signs of needing to nurse. She latched-on and began nursing. A few minutes later a lifeguard came over and told me, "you can't do that here." It took a couple of minutes for me to figure out what "that" was, since he didn't seem to be able to say breastfeed or even nurse. I told him that was not true that I had the right to breastfeed my child if I was allowed to be in a place. He insisted I stop or go to the locker room to do "that." Since my daughter was hungry and now fussing and crying, my friend and I decided to leave the pool. I made repeated attempts to contact the YMCA about their policy on nursing. Each time I got a different answer about why babies are not allowed to nurse in the pool. I was told it distracts the young lifeguards, it contaminates the pool water, and after several weeks had gone by they decided it was a safety issue. The Ann Arbor city pools allow nursing in the pool, the MDEQ Public Swimming Pool Program has no rules against breastfeeding in pools nor does it consider breastmilk a contaminant or a safety issue. Fortunately, this incident galvanized a few women into action, including City Councilwoman Joan Lowenstein. She introduced a resolution in the winter of 2006, which was passed into law by the Ann Arbor City Council protecting a mother's right to breastfeed in a public accommodation. Despite this law, the fact that Ann Arbor City pools allow nursing in the pools and on the decks, that the MDEQ Swimming Pool Program doesn't consider nursing in pools a safety issue or a contaminant, the Ann Arbor YMCA still has a ban on nursing in the family pool.

Kelly Hobby Fuks
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Testimony of Joan Lowenstein
Former City Council member, Ann Arbor

December 2, 2009

My name is Joan Lowenstein. I am an attorney and former Ann Arbor City Councilmember and Planning Commissioner. I currently sit on the board of the Ann Arbor Downtown Development Authority and the University of Michigan Medical School Institutional Review Board, the group that oversees human subjects research.

In March 2006, when I was on the city council, I proposed two amendments to Ann Arbor ordinances in order to address the issue of discrimination against breastfeeding mothers. These amendments were in response to an incident at the YMCA where a lifeguard asked a breastfeeding mother to leave the swimming pool area. The YMCA policy was vague and arbitrary. I researched the laws in other cities, both in the U.S. and in Canada, and found that cities such as Philadelphia had enacted ordinances to protect breastfeeding mothers from discrimination in places of public accommodation. The Ann Arbor City Council voted to amend the public accommodation ordinance to include breastfeeding mothers and their babies as improper subjects of discrimination. In addition, we amended the disorderly conduct ordinance to insure that breastfeeding could not be considered indecent exposure.

In Ann Arbor, there have been no adverse effects whatsoever from these amendments and they have served to make mothers with children feel more comfortable in all public areas of the city.

The Case to Protect Breastfeeding as a Civil Right

It's official in the State of Washington. A bill passed and was signed into law on April 23, 2009, that "Declares that the right of a mother to breastfeed her child in public places is a civil right protected under the state's law against discrimination."

Forty-three states have passed legislation supportive of breastfeeding rights. The wording tends to be similar in all approved legislative action. It is the placement of the bill within state laws that varies, with newer initiatives tending to favor the approach to prohibit discrimination against breastfeeding mothers as a civil right.

Finding that abuses still occur and that mother's essentially have little to no recourse -- other than to verbally protest -- the emphasis is to consideration of this "right" to breastfeed as being compatible and appropriate to legislative support as a civil right that prohibits discrimination. This is the approach breastfeeding advocates recommend for Michigan.

Washington took legislation from Hawaii and Vermont into account in development of this new law. Complaints will be investigated by its state Human Rights Commission with an expectation it may receive 4-5 complaints a year. Vermont and Hawaii reportedly each receive 1-2 complaints a year. New York also has Civil Rights protections.

Prior to its passage, Washington laws, like those in Michigan, protected mothers from public indecency criminal charges for publicly nursing.

An analysis of the State of Washington's HB 1596 as prepared by non-partisan legislative staff, presents as background:

"Washington's law against discrimination prohibits discrimination against a person in the enjoyment of public accommodations, in employment, in real estate transactions, insurance, and credit transactions, and other specific circumstances based on the person's race, creed, color, national origin, sex, military or veteran status, sexual orientation, the presence of any sensory, mental or physical disability or, in certain circumstances, other factors. Discriminatory acts are considered unfair practices and may be the subject of complaints brought to the Washington Human Rights Commission or filed in court.

'The prohibition against discriminating in providing public accommodations applies to 'any place of public resort, accommodations, assemblage, or amusement' and includes restaurants, hotels, motels, inns, stores, markets, shopping malls, theaters, cinemas, concert halls, arenas, parks, fairs, arcades, libraries, schools, government offices and hospitals.

In public hearings, no testimony was presented to oppose the legislative action.

Legal opinion on the right to breastfeed from Kent County's former legal counsel:

In 2005, a situation arose in Kent County when a mother was asked not to breastfeed in a county office. Sherry Batzer, then legal counsel for Kent County and now a professor at Cooley Law School, told the county that there is no existing legal or civil right for breastfeeding in Michigan. She cited Michigan law and a case that came out of the Sixth Circuit Court of Appeals in Ohio.

In part, Ms. Batzer's opinion to Kent County states:

Law

Mrs. XXX (name removed in this presentation) and Mr. XXX (name removed) are incorrect when they maintain that there is a "legal right" in Michigan to breastfeed publicly. In fact, the only Michigan law that refers to breastfeeding is MCL §41.181. This law governs township ordinances and it, along with similar provisions in the General Law Village Act and the Home Rule City Act, provides that municipalities can enact ordinances for the regulation or prohibition of public nudity, except that the definition of public nudity does not include "a woman's breastfeeding of a baby whether or not the nipple or areola is exposed during or incidental to the feeding". (See also Jott Inc. v. Charter Township of Clinton, 224 Mich. App. 513, 569 N.W. 2d 841, 854 (1997)). In other words, a woman cannot be prosecuted under a municipal public nudity ordinance for breastfeeding in public. While these laws decriminalize breastfeeding in public, making the practice legal, they do not establish any "rights", beyond the prohibition of criminal prosecution, for the breastfeeding mother. The question of a breastfeeding mother's "legal rights" requires further inquiry. The only law applicable to the State of Michigan regarding the "legal rights" of a breastfeeding woman is found in a federal case. In Derungs v. Wal-Mart Stores Inc., 374 F. 3d 428 (6th Cir. 2004), the Court held that Wal-Mart's prohibition against breastfeeding in a public place did not violate Ohio's civil rights statutes or Title VII of the Civil Rights Act of 1964. In Derungs, a woman breastfeeding on a bench near a dressing room was told that she was not permitted to do so, and had the option of breastfeeding in the restroom or outside the store. The Ohio statute in question is very similar to Michigan's Elliott-Larsen Civil Rights Act, which contains a similar proscription against discrimination in the use of public accommodations. The Court stated: "[F]or there to be impermissible sex discrimination, there must be one gender that is treated differently than another. Feeding infants is not something that only one parent can accomplish, and even the feeding of breast milk may be done by either parent from a bottle. Because the only restriction Wal-Mart placed on their business invitees was a prohibition on the place and manner of feeding that has no comparable class for comparison, Wal-Mart's prohibition does not violate the plain language of [Ohio's public accommodation statute]".

Because this matter has not been litigated in the Michigan courts, the decision in Derungs is the only guidance we have, and its holding is the one we must follow. Consequently, regulating the time, place, and manner of breastfeeding does not implicate either Title VII or by extension, the Elliott-Larsen Civil Rights Act.

Further, only one circuit has found a constitutionally protected interest in breastfeeding (see Dike v. School Board of Orange County, Florida, 650 F. 2d 783 (5th Cir. 1981)). Obviously, a decision out of Florida does not control in Michigan.

This opinion, issued only for Kent County administrative use, lends support to the need for state legislative action to protect breastfeeding mothers from discrimination. No changes are known in the federal courts that would alter the facts presented above. Ohio has since passed a breastfeeding rights law joining 40 or so other states that have passed such legislation.

Federal Legislative Summary and Efforts:

At the national level, the Breastfeeding Promotion Act of 2009 has been introduced in both the U.S. House and Senate. Senator Jeffrey Merkley (Oregon) is sponsor of a bill introduced to the Senate to amend the Civil Rights Act of 1964 to protect breastfeeding by new mothers along with other supportive provisions. Congresswoman Carolyn Maloney (New York) is the sponsor of legislation presented in the House. She has introduced such legislation in prior House sessions as well.

It is worth noting that in September, 1999, President Clinton signed into law legislative language of Congresswoman Maloney to make breastfeeding legal anywhere on federal property.

Conclusion:

This proposal for Michigan allows a mother to breastfeed her child in any location, public or private, where the mother is otherwise authorized to be present as a civil right protected under the state's laws against discrimination.

This legislative proposal for breastfeeding rights could be positioned in any number of sections in Michigan law, including in health or social welfare provisions. However, sometimes, the simplest and most direct approach is best. For that reason, the most obvious and best approach is simply to add language that enables breastfeeding and prevents discrimination as a civil right.



Centers for Disease Control and Prevention Breastfeeding
Your Online Source for Credible Health Information

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Breastfeeding Data Contact Us

Breastfeeding Report Card, United States: Outcome Indicators

NOTE: Percents in bold are those that have met the *Healthy People 2010* goal.

State	Percent Ever Breastfed	Percent Breast-feeding at 6 Months	Percent Breast-feeding at 12 Months	Percent Exclusive Breast-feeding at 3 Months	Percent Exclusive Breast-feeding at 6 Months
U.S. National	73.9	43.4	22.7	33.1	13.6
Alabama	58.8	26.6	11.4	24.2	6.3
Alaska	88.5	48.9	26.2	45.5	16.9
Arizona	76.5	45.3	22.3	29.7	11.9
Arkansas	61.5	26.9	10.6	23.6	6.3
California	84.7	53.0	31.1	42.4	18.6
Colorado	82.5	59.5	30.5	49.2	22.6
Connecticut	74.9	41.9	23.3	35.1	14.4
Delaware	66.7	32.8	15.4	28.1	7.5
Dist of Columbia	69.6	45.6	20.2	31.3	13.3
Florida	75.7	37.2	18.2	30.7	11.9
Georgia	62.5	36.4	18.1	28.0	14.8
Hawaii	88.2	56.3	35.0	44.9	22.4
Idaho	79.8	55.1	25.3	46.7	17.7
Illinois	69.5	38.7	15.9	28.5	11.9
Indiana	71.1	37.2	18.9	28.9	10.6
Iowa	68.1	33.2	15.8	32.3	10.6
Kansas	78.1	43.8	23.6	36.0	16.8
Kentucky	53.6	28.9	15.8	27.2	9.4
Louisiana	49.1	20.7	9.9	17.8	5.0
Maine	75.0	45.7	26.0	38.7	18.1
Maryland	76.4	43.3	25.4	28.5	10.1
Massachusetts	78.2	44.7	24.5	39.0	13.5

Michigan	64.8	31.2	14.4	23.5	10.7
Minnesota	79.9	51.6	24.7	39.8	15.0
Mississippi	48.3	20.1	8.7	16.8	4.6
Missouri	65.3	33.1	14.9	24.8	8.5
Montana	82.7	56.8	30.6	40.8	20.5
Nebraska	76.8	46.2	22.6	31.7	11.9
Nevada	79.3	45.3	22.5	31.8	9.7
New Hampshire	78.4	55.1	30.5	42.6	20.6
New Jersey	81.4	53.0	27.4	29.7	13.2
New Mexico	72.6	42.2	25.7	33.2	14.0
New York	76.4	49.4	28.9	24.9	9.6
North Carolina	66.9	36.7	18.9	30.2	13.1
North Dakota	71.1	37.6	20.6	33.7	11.1
Ohio	58.5	29.7	12.0	22.4	9.1
Oklahoma	65.6	27.4	12.4	30.6	8.4
Oregon	91.4	63.0	37.0	56.6	20.8
Pennsylvania	67.6	35.8	19.4	29.3	10.1
Rhode Island	75.4	40.4	19.8	31.8	8.7
South Carolina	61.3	30.4	13.9	25.5	9.6
South Dakota	76.8	47.5	22.1	36.5	17.6
Tennessee	58.8	37.9	14.8	28.2	12.8
Texas	78.2	48.7	25.3	34.2	14.2
Utah	92.8	69.5	33.9	50.8	24.0
Vermont	80.1	59.5	38.4	49.2	23.5
Virginia	79.7	48.3	25.8	38.7	18.8
Washington	86.4	58.0	35.0	48.8	25.3
West Virginia	58.8	27.2	12.6	21.3	8.4
Wisconsin	75.5	48.6	25.9	45.2	16.8
Wyoming	84.2	50.8	26.7	46.2	16.8

Source: Centers for Disease Control and Prevention National Immunization Survey, Provisional Data, 2006 births.

http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

For Questions About Breastfeeding Data Contact Us

Page last reviewed: October 20, 2009

Page last updated: October 20, 2009

Content source: Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion

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HEALTHY
CHILDREN
PROJECT

Learning Disabilities
Association of Michigan

Healthy Planet • Healthy Minds • Healthy Future

To: Members of the Judiciary Committee
From: Jackie D. Igafo-Te'o, Community Liaison
Learning Disabilities Association of Michigan's Healthy Children Project
Re: Organizational Statement in Support of HB 5515
Date: December 2, 2009

On behalf of the Learning Disabilities Association of Michigan's Healthy Children Project, I appreciate the opportunity to submit written testimony in support of House Bill 5515.

As a mother of three, I have always been concerned with nutrition and how it affects the developing brain. Children are young, fragile and innocent. It is our duty as parents to protect them and to provide them with the nourishment they need to grow and thrive.

From the moment a woman finds out that she is expecting a child, she is flooded with advice from every direction. Most expectant moms hear phrases like "breast milk is best", "never let a baby sleep on its stomach", and "use rear facing car seats for infants." Thanks to science and experience, we know that this is all good, sound advice. But the most important thing that a new mom can do for her baby is to provide him with good nutrition from the inside out.

"We know that breast milk and formula carry contaminants. Breast milk, however, gives a newborn baby both immediate and permanent immunities to many infections, allergies and diseases, even including some immunity to the negative impact of toxic chemicals carried in the mother's milk. Breast milk is a nutritious live liquid that also benefits brain development, intimate bonding between mother and baby, and visual and hearing capabilities. Breast-fed infants have lower rates of hospital admissions, ear infections, diarrhea, rashes, allergies, and other medical problems than bottle-fed babies" (from the publication Clean and Green: Your Healthy Home and Family, pg. 5; <http://www.ldaofmichigan.org/cleanandgreen.pdf>).

Based on this knowledge, shouldn't we promote and encourage this common sense practice in our state, and in conjunction, shouldn't we allow breastfeeding mothers the freedom to do so no matter where they are in their community without question? We are asking you to pass legislation as soon as possible that will allow this to happen.

Thank you.

Jackie D. Igafo-Te'o, Community Liaison
LDA of Michigan's Healthy Children Project
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<tonyrocca@house.mi.gov>
CC: <mabdul@house.mi.gov>, "Bev Littner-Schroeder" <bschroed@oaisd.org>
Date: Tuesday - December 1, 2009 9:43 AM
Subject: Support for HB 5515

Dear Honorable Members of the House Judiciary Committee:

The Comprehensive School Health Coordinators' Association would like to state our support for HB 5515 which will protect the rights of women who breastfeed their babies. Since Michigan is one of only five states who have not taken action to ensure that women will not be harassed and/or prosecuted for providing their babies with mother's milk wherever and whenever their babies are hungry, it is time to enact this legislation.

In addition to the civil rights issues involved, breastfeeding is one of the healthiest behaviors for babies. It provides immediate health benefits, such as increased immunity from infections, and long-term benefits, such as obesity prevention. Barriers to breastfeeding must be eliminated in order to encourage this health-enhancing behavior.

Please support HB 5515. If you would like to discuss this issue further, please contact me using the information below. Thank you for doing what is best for mothers and their babies, as well as our society as a whole.

Yours for health,

Wendy Sellers
Legislative Committee Chair
Comprehensive School Health Coordinators' Association

Wendy L. Sellers, RN, MA, CPC

Please change my email to wsellers@eatonisd.org
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"We find comfort among those who agree with us – growth among those who don't."

Free or low-cost health coverage for children under the age of 19, or pregnant women of any age. Call the MI Child and Healthy Kids hotline at 1.888.988.6300 or apply online at www.michigan.gov/michild.

Members of the Judiciary Committee:

I am writing this letter as state chairperson on behalf of the Healthy Mothers, Healthy Babies-Michigan Coalition. We are asking for your support in the passing of HB 5515. Michigan Healthy Mothers-Healthy Babies is a statewide coalition developed in 1984 for organizations and individuals to address maternal/child health issues and the high infant mortality rate in our state. Our goals include not only empowering women to promote their health through regular preconception prenatal care and good nutrition but to promote understanding among men as to the integral role that they play in pregnancy and infant care. In doing this, we recognize that human milk is the norm for infant feeding.

Breastfeeding is good for babies as breastfed babies have been shown in studies to have higher IQ's, fewer infections, diarrhea, asthma, diabetes and SIDS. Mothers who breastfeed show lower rates of breast cancer, ovarian cancer and diabetes. Breastfeeding has even been shown to benefit society by reducing healthcare costs. If breastfeeding were expanded, annual health care costs may be reduced by a minimum of \$3.6 billion. \$578 million per year is spent by WIC on formula. Also, mothers miss less time from work when their child breastfeeds since their infant is healthier.

The World Health Organization (WHO), American Academy of Pediatrics, Centers for Disease Control (CDC) along with many other health care organizations asserts the benefits of human milk. Our coalition recognizes this also and realizes that the health of infants may be at risk when a mother is denied the opportunity to breastfeed. HB 5515 allows Michigan mothers and babies the same right as babies in 43 other states-that is the right to breastfeed anywhere they might otherwise legally be. Please do not make it hard for our mothers and babies and let them be treated poorly. They have a right to be in malls, restaurants, parks, businesses, government offices, churches and every place that you and I go. Please support mothers, babies and breastfeeding,

Delicia H. Shimkoski, RN, BSN, IBCLC
State Chair-Healthy Mothers-Healthy Babies

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 Date: Wednesday - November 25, 2009 1:35 PM
 Subject: Hearing on December 2

Ladies and Gentlemen of the Committee;

On Wednesday, December 2, I will be presenting testimony to support House Bill 5515 which would allow a woman to breastfeed anywhere she has a right to be.

I am a registered nurse, lactation consultant and former breastfeeding mother. When nursing my children, I was asked to stop or told many times "you can't do that here" at restaurants, the public pool, the public library, and shopping centers even though we were nursing discreetly. Such a law would prevent mothers from experiencing shame and exclusion from public places where she has a right to be. This is a civil rights issue.

I urge you to consider strong support of this bill for a number of reasons:

- 1) Breastfeeding is a public health issue; much as the use of seat belts, car seats, not smoking, safe sex and other health promoting issues that benefit society. Research has proven that not breastfeeding places mother and baby at risk for life long health deficits. By breastfeeding, women not only provide the best nutrition for her baby, they are contributing to reduced use of energy resources. Most mothers begin to breastfeed but quit sooner than they would like because of poor support in the community.
- 2) Mothers live a faster paced life than 20-30 years ago; babies go with mom when she is shopping, taking care of the needs of her other children such as doctors appointments, school activities, going to the library or other activities of daily living and they need to eat frequently.
- 3) Supporting the rights of mother and her children to be together will help strengthen the moral fabric of our society which is stretched to the limit. Love begins in mother's arms and children should feel loved and welcome; parents who feel supported in their parenting choices should be encouraged.

Thank you for your time and consideration.
 Sincerely yours,

Mary Kay Smith, RN, IBCLC
 Resident of Canton MI

Henry Ford Hospital, Detroit MI
 office 313-916-8363
 pager 313-990-4333

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Note to Patients: There are a number of risks you should consider before using

Testimony of

**Jessica Kalli Fortune
21409 Caledonia Ave
Hazel Park, MI 48030**

I am writing to you regarding the breastfeeding bill that will be heard on Dec 2, HB 5515. As a breastfeeding mother of a 7-week old child, this bill hits right to home.

Breastfeeding is absolutely the best thing we can give our babies, and there is plenty of research to show anyone who is unaware of this fact. The World Health Organization, the American Academy of Pediatrics, and many other organizations clearly state that breastfeeding is hands down the best thing for a baby.

As a type 1 diabetic, I am doing all that I can to ensure my daughter's health. And the single most effective thing that I can do is breastfeed her. Yet another reason: recent research has also shown that babies that are not breastfed have a much higher risk of getting the H1N1 virus. Breastfeeding is what I can do while she is a baby, and I am wholly committed to it.

Two days ago I sat in a parking lot, in my car, and breastfed my daughter as we waited to fill a prescription at my local pharmacy. A police car was driving through the parking lot, and actually stopped outside of my car. The police officer just watched me for a few moments longer than I was comfortable with. He eventually drove away, but I found myself second guessing if it was legal for me to breastfeed my daughter in the backseat of my parked car.

Passing this bill will not end the looks or ignorant comments people make as I breastfeed in public. But it will make it easier for families who have committed to doing the very best for their baby. It will not end all of the stigma associated with breastfeeding, which unfortunately prevents some mothers from having a fulfilling breastfeeding relationship with their child. And yet passing this bill is a statement that we support a woman's choice to make the healthiest possible decision for her child. Making it legal for a woman to breastfeed her child anywhere she may legally be is an imperative step.

I urge you to support and encourage other representatives to support the passing of this bill. Let's protect the future generations by supporting the healthiest start possible--breast milk!

Thank you,
Jessica Kalli Fortune
21409 Caledonia Ave
Hazel Park, MI 48030

From: Elizabeth Dahl MacGregor <lizdmg@gmail.com>
<markmeadows@house.mi.gov>, <EllenLipton@house.mi.gov>,
<LisaBrown@house.mi.gov>, <bobconstan@house.mi.gov>,
<marccorriveau@house.mi.gov>, <andycoulouris@house.mi.gov>,
To: <andrewkandreas@house.mi.gov>, <bettiecookscott@house.mi.gov>,
<rebekahwarren@house.mi.gov>, <tonyaschuitmaker@house.mi.gov>,
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<rickjones@house.mi.gov>, <EileenKowall@house.mi.gov>,
<tonyrocca@house.mi.gov>, <mabdul@house.mi.gov>
Date: Friday - November 27, 2009 3:02 PM
Subject: Support Michigan Breastfeeding Legislation

Representatives,

I am writing to ask you to support House Bill 5515. I'm a nursing mother and had to take a few minutes at the library today to feed my eight week old daughter while my almost three year old was looking at books. A group of people walked by -- preteens and an adult man -- and out of sight. But not out of earshot where they laughed and complained about the fact that I was breastfeeding in public. They even spoke to the person working at the desk! I was humiliated and unsure of how I should respond. If I'm in public and my daughter needs to eat, I'm going to feed her. I'm not going to take her in a bathroom to do it. I'm not going to use the milk I pump for when I'm at work -- I need to save that for when I'm working otherwise I wouldn't be able to keep breastfeeding! Passing this law would give me, and women in this position, the chance to stand up for giving our babies the best start. So please support House Bill 5515.

--

Liz Dahl MacGregor
lizdmg@gmail.com
734-330-7768

From: Dana Bitzer <dbitzer@sbcglobal.net>
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<jeffmayes@house.mi.gov>, <timmoore@house.mi.gov>,
<JimStamas@house.mi.gov>, <billcaul@house.mi.gov>
CC: Dana Fuerst <dbitzer@sbcglobal.net>
Date: Thursday - November 26, 2009 8:30 AM
Subject: Please support House Bill 5515 - The Breastfeeding Bill

Mrs. Dana Fuerst
4510 Paine Dr.
Midland, MI 48642

11/26/2009

Dear Representatives and Committee Members:

I am writing today to ask for your support of House Bill 5515, or The Breastfeeding Bill.

This legislation is long overdue and greatly needed not only in the State of Michigan, but across our country. We are all aware of the known benefits of breastfeeding vs. formula feeding our children. Now is the time to support the women that are choosing to breastfeed! As a working mother that has exclusively breastfed her first child and plans to do the same for the twins I am currently carrying, I know, first hand, of the prejudice that surrounds breastfeeding in public.

I have been very fortunate that the company I am employed by is supportive of the breastfeeding relationship a mother has with her child and makes accommodations for mothers to express breastmilk while working. This support has allowed me to maintain my supply so I am able to breastfeed my daughter when I am with her. But having the support of an employer is often not enough for a woman to do the best thing for her child when it comes to breastfeeding. As with the many civil rights issues that have found their way into our country's legislation, I often wonder why it has taken so long for breastfeeding in public to be included. This is a right that every mother should have! Imagine, if you will, you are shopping and hear a small child crying out in hunger. As any parent knows, having a crying baby in a public place tends to draw people's attention.

The mother discreetly begins nursing her child. A worker at the store asks the woman to take her child to the restroom or to her vehicle to nurse. Would the store employee do this if the parent were feeding their child with a bottle? No. One may think that the

mother and child may be more comfortable in such a place. As a breastfeeding mother, I can tell you that I would NOT be more comfortable feeding my child in a place where complete strangers defecate. Even the most well-kept public restrooms are unsanitary for dining adults, much less a child with a weakened immune system. Many people will not even use a public restroom for it's intended purpose. Why would someone think it's okay for a mother to feed her child in such a place?

As residents of the State of Michigan, we are all familiar with the weather associated with the state and the extremes that we experience throughout the year. Imagine the scenario described above taking place on one of the coldest winter days with snow & sleet falling and high winds driving wind chills to below zero. Any parent with a small child knows how challenging it can be to get to the store on such a day. Imagine being asked to bundle your hungry, crying child into the layers of clothing needed to walk into a winter storm and sit in a cold vehicle so you can meet your child's needs.

This is just one of the many scenarios that mother's across our country have encountered while trying to meet their child's most basic needs. Forty-three states have a law protecting the rights of women to breastfeeding in a public place, regrettably Michigan is not one of them. Please, help change this by supporting House Bill 5515.

Thank you,

Mrs. Dana FuerstMichigan resident, Wife & Mother

**Testimony of
Kelly Wysocki-Emery, RN, IBCLC
Lactation Consultant in private practice
942 Ogden SE
East Grand Rapids, MI 49506**

I am an RN and Internationally Board Certified Lactation Consultant in private practice in Grand Rapids, Michigan. I cannot attend today because I run a support group on Wednesdays from 10-11:30 a.m. and I am needed here instead. But I would like to voice my support for this Bill in my absence.

Many times at the support group the topic of nursing in public comes up. When a first-time mother has a newborn, or smaller infant at the group, she is encouraged by watching the mothers of older infants easily and discreetly nurse their babies in their laps. Comments I hear often: "You make it look so easy" or "I can't wait until the time when I can nurse in public like that". They sometimes even will nurse BEFORE the support group so their baby won't get hungry and they will not have to deal with the awkwardness of trying to nurse AND keep themselves covered...all while trying to see how their infant is latching. And this is at a breastfeeding-friendly, all-female support group. Take this same mother and put her in a room mixed with men and women who are NOT nursing and she will most likely become anxious, and feed from a bottle if the baby becomes hungry.

Now you may say, "Well, she can just pump and bring a bottle along when she is out of the house." For many, this is not a viable option. Not everyone owns a breastpump (they are not cheap). And if they are going to be gone for a long time, she has to buy ice packs and something to carry the milk in. Next she has to find a place to warm up the cold milk. And what if the baby won't take a bottle? Then what? If you've ever been on a plane with an infant screaming, you will understand how anxiety-ridden this is. As you can see, the simple solution would be to nurse the baby at the time the baby becomes hungry. Naturally and simply, and without shame.

The breastfeeding mothers of Michigan have been asked to meet a Healthy People 2010 Goal of 75% breastfeeding rate in the early postpartum period, 50% at 6 months, and 25% at one year. The American Academy of Pediatrics is urging mothers to nurse their babies for as long as mutually desired. Thousands of research articles, as well as our own common sense, tell us that breastfeeding is the healthiest option for both mother and baby. It's time to give our mothers the legislative support they need to achieve these goals. This bill sends the message that a woman nursing her infant in public is not a shameful act. It is a normal, healthy act that our government encourages and supports, and she will be protected by the law if she chooses to do it outside of the home.

After working with mothers to help them breastfeed, I can tell you that the thought of being publicly scorned does deter some women from breastfeeding altogether, and that is an enormous shame on us as a society.

Thank You,
Kelly Wysocki-Emery, RN, IBCLC
942 Ogden SE
East Grand Rapids, MI 49506

Testimony of Susan Gehrman, RN, Lactation Consultant

I am writing to you today to ask that you support Michigan House Bill 5515, an amendment to declare it a right for a mother to breastfeeding her child in public.

I am a mother of 3 breastfed children, an RN in obstetrics and a certified lactation consultant. I work daily with women who are breastfeeding and trying to navigate in a state/country whose citizens put up barriers to the ease and even success of breastfeeding. Support of mothers who breastfeed is vitally important to the health and well-being of infants, children and the mothers. Our culture has been uninformed and quite frankly a bit victorian about breastfeeding in public. It seems to me that it is a double standard for a culture to accept breast exposure to sell a product but not to feed a baby. Myself, other lactation consultants, nurses, healthcare providers, and mothers have been working for years to get the public and businesses to understand that babies have a right to eat when they need to. It has been a struggle. It has caused unneeded drama, embarrassment, banishment to bathrooms and even an escorts out of a business. This should not be an exposure issue, it should be a right to feed/health issue. Most women I know are not out to expose themselves and try not to. Unfortunately it will take legislation to convince many that this is a right. It is amusing to Europeans that we Americans are so prudish about breastfeeding in public. It is a non issue there.

Please consider that mothers, babies, and those of us who advocate for best health practices are counting on you to support this bill as has been done with similar bills in other states.

Sincerely,
Susan Gehrman

Susan Gehrman RN, IBCLC, CCE
Battle Creek Health System
300 North Ave.
Battle Creek, Michigan 49016
Phone: 269-966-8586

Breastfeeding... A natural resource.

From: Angela Vander Hulst <angelasvh@yahoo.com>
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<LisaBrown@house.mi.gov>, <bobconstan@house.mi.gov>,
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<JosephHaveman@house.mi.gov>, <rickjones@house.mi.gov>,
<EileenKowall@house.mi.gov>, <keaster@house.mi.gov>
CC: <kelly@babybelovedinc.com>
Date: Sunday - November 29, 2009 11:56 AM
Subject: House Bill 5515

Dear Representatives,

I want to express my extreme thanks to Rep. Rebekah Warren for introducing House Bill 5515 that would allow a woman to breastfeed anywhere she may otherwise legally be. My daughter, Ava, is four years old and was breastfed. My son, Ayden, is 15 months and is breastfeeding. I feel that my children are much healthier, and much more emotionally bonded to me than if they would not have been breastfed.

Breastfeeding is the most natural maternal act of nurturing a baby - nutritionally and emotionally. It should be considered a basic human and democratic right to breastfeed in public. If not allowed, it would be so difficult in many situations. There are most often not designated private areas to breastfeed, and when babies need to eat or be comforted - they need it without delay.

Breast milk is superior nutritionally to all other forms of food for infants, and the maternal connection that is created and continued can only support the family bonds that are so important (and very much in need) for the health and strength of our society today.

We have all heard of the stories where women at pools, governmental buildings and on airplanes were not allowed to breastfeed their infants. We should make it as easy as possible for women to provide the best nutritional and emotional care for their babies. How conscionably could be we do any different?

I greatly appreciate your consideration of support for this bill.

Sincerely,

Angela Vander Hulst
1150 Iroquois Dr. SE
Grand Rapids, MI 49506
(616) 881-3308
Angela Vander Hulst
Gibraltar Consulting, LLC
(616) 881-3308

From: Laura Cowan <laurakcowan@gmail.com>
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<LisaBrown@house.mi.gov>, <bobconstan@house.mi.gov>,
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<rebekahwarren@house.mi.gov>, <tonyaschuitmaker@house.mi.gov>,
<justinamash@house.mi.gov>, <JosephHaveman@house.mi.gov>,
<rickjones@house.mi.gov>, <EileenKowall@house.mi.gov>,
<tonyrocca@house.mi.gov>, <mabdul@house.mi.gov>
Date: Sunday - November 29, 2009 7:59 PM
Subject: Re: HB 5515 Legislation

Dear legislators and committee members,
It recently came to my attention that you are considering legislation that would make it legal for a woman to breastfeed wherever she might otherwise legally be. I want to let you know why I support this legislation and why I hope you will as well.

I have breastfed my baby daughter for six months now, and it hasn't been easy. One of my biggest challenges is feeding her in public, an issue that never occurred to me before I had a baby. I would prefer to nurse her in private, but as there are next to no accommodations for nursing mothers in public places, I often have to resort to nursing her while sitting on public toilets, or sitting in the back seat of my car while pedestrians stare at her pulling my nursing cover off. (I used to think a nursing cover would solve everything, but she doesn't like them. Who knew a baby would have an opinion one way or the other?) She needs to eat every two hours even now, so try to imagine how difficult it can be, living thirty minutes from town, to get anything done without feeding her in public. I hope that you will support legislation that makes it a little easier for us nursing moms. Maybe your support will lead to more public awareness of the needs of nursing moms and babies, so someday we are encouraged to nourish our babies and are not such pariahs. Thanks for your time.

Sincerely,
Laura Cowan

From: Valerie Mates <valerie@unixmama.com>
<markmeadows@house.mi.gov>, <EllenLipton@house.mi.gov>,
<LisaBrown@house.mi.gov>, <bobconstan@house.mi.gov>, <marccorriveau@
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To: house.mi.gov>, <bettiecookscott@ house.mi.gov>, <tonyaschuitmaker@
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house.mi.gov>, <rickjones@house.mi.gov>, <EileenKowall@ house.mi.gov>,
<tonyrocca@house.mi.gov>, <rebekahwarren@ house.mi. gov>
Date: Sunday - November 29, 2009 9:02 PM
Subject: House Bill 5515 -- Breastfeeding Protection

Hello. I've read that you are on the judiciary committee that will be hearing House Bill 5515. I'm a resident of the state of Michigan, and also a mother of three children. Breastfeeding is the healthiest and best option for feeding a baby. But legally in Michigan it is in a gray area, neither legal nor illegal. And that makes it a little scary to breastfeed a child in public, since you never know how people are going to react. All three of my babies weren't able to drink from a bottle, and babies eat very frequently, so my choices were to either stay home for two years, or to breastfeed them in public. I chose to breastfeed them in public. This is almost always a very discreet activity -- usually the people around me did not know that I was breastfeeding. But it would be wonderful to have legal protection for breastfeeding in Michigan. By protecting breastfeeding, this bill will help the children of Michigan to grow up a little bit stronger and healthier. Please vote YES for it.

Thank you for reading this,
Valerie Mates

Valerie Mates
<http://unixmama.com>
(734) 973-2472

November 30, 2009

Rebecca Morgan, RN, IBCLC, ICCE
Childbirth Educator / Lactation Consultant
1158 Harding Rd.
Essexville, MI. 48732
989-894-3935

To: Committee Members re: HB5515

Preventative healthcare begins with breastfeeding! Billions of dollars are spent each year to treat illnesses that could be prevented if new families chose to breastfeed. For example Obesity and Diabetes – these two diagnoses alone tax our healthcare system to the extreme. According to evidence based research, there are many other illnesses both to baby and mom that are significantly reduced when moms breastfeed.

Therefore, the rights of breastfeeding families need to be protected in order to facilitate their success. Babies were born to breastfeed. It's nature's way and should be encouraged as the norm. Breastfeeding will more likely be viewed as a "normal" part of parenting if mothers are welcomed to nurse their babies in public venues. I believe this will prompt further education on this very important issue

I am the childbirth educator and lactation consultant for our local hospital and feel very strongly about supporting the best start possible for families we serve.

Please support legislation protecting this very basic right of families.

For additional information on this very important topic, please consider referencing the CDC, AAP, ILCA (International Lactation Consultants Association) or ABM (Academy of Breastfeeding Medicine) as well as many other reputable sources.

Thank you for your time.

Sincerely,

Rebecca G. Morgan

Dear Representative Rebekah Warren,

My name is Delicia Shimkoski and I am one of three African American Board Certified Lactation Consultants in the State of Michigan. I am proud to say that I work at Hutzel Women's Hospital in Detroit, Michigan which has a long history of working toward helping the health of both mothers and babies. Unfortunately, we also hold the dubious distinction of having the lowest breastfeeding rate of any hospital in the state. I am writing this letter to ask your support for HB 5515.

We work hard at Hutzel to increase our breastfeeding rates and our rates are rising. Everyone within our hospital works hard at helping with breastfeeding and we do just about anything we can to encourage and support it. However, I believe that our rates are so very low due to three reasons. These reasons are lack of education for both health care providers and mothers, lack of mothers seeing actual breastfeeding and human breastmilk as the norm of the way babies feed, and lack of support for breastfeeding mothers.

We see a lot of young, high risk moms that may not have reached an educational level that has let them learn that breastfeeding is healthy for them, their baby, and their community. We have a high African American patient population and that group has the lowest breastfeeding rate in the state of Michigan. Mothers breastfeed because they have seen their friends, sisters, cousins, and mothers breastfeeding and it then becomes a cultural norm. This is not happening within the African American community at the same rates as with other cultures.

Lack of support is one of the main reasons women stop breastfeeding after they leave the hospital even if breastfeeding is going well for them. This can be lack of support within their family, lack of support from their job and lack of support within the community. HB 5515 guarantees support for a mother and her child from her community and allows them the right to breastfeed any place that they may legally be allowed.

We will continue our work at Hutzel in our goal to help mothers and babies. Thank you for your work in supporting us as you push forward in passing HB 5515.

From: "Karen Allen" <kallen@brigadefire.com>
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<rephildenbrand@house.mi.gov>, <markmeadows@house.mi.gov>,
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To: <andycoulouris@house.mi.gov>, <andrewkandrevas@house.mi.gov>,
<bettiecookscott@house.mi.gov>, <rebekahwarren@house.mi.gov>,
<tonyaschuitmaker@house.mi.gov>, <justinamash@house.mi.gov>,
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<EileenKowall@house.mi.gov>, <tonyrocca@house.mi.gov>,
<mabdul@house.mi.gov>
CC: <keaster@house.mi.gov>
Date: Tuesday - December 1, 2009 8:31 AM
Subject: Support HB 5515!!

Good morning! I am writing to express my support of HB 5515 and to encourage you to support the bill as well. I can honestly say that this bill is hard to argue. I can't think of a good reason why breastfeeding would be considered illegal!! Very simply, this is the way we are meant to feed our young and it should not be considered obscene to do so. As a breastfeeding mother, I must say that it's frustrating to be out in public and have to search for a "safe" place to feed my baby. It should be normal practice that we feed our children when they are hungry! If legislature made it more reasonable for breastfeeding mothers, the general public would eventually change their outlook and we wouldn't have this backwards society. America is one of the only countries that even gives a second thought to breastfeeding. Once again, it is the most normal and natural way to feed our young!

I believe a change like this would also encourage more women to begin breastfeeding and to continue breastfeeding. If women felt they could feed their babies without being criticized, they may change their mind about their feeding choices. This would create healthier babies - and healthier moms! What a perfect scenario!!

I appreciate your support and the time you have put into this bill. It is critical to the welfare of our society!!



Katherine Pasque, MD
Obstetrics and Gynecology
East Ann Arbor Health and Geriatrics Center
4260 Plymouth Road
Ann Arbor, MI 48109-2709

December 2, 2009

Dear Members of the Judiciary Committee:

I am writing to express my support of HB 5515. I am an OBGYN as well as a breastfeeding mother with a particular interest in breastfeeding medicine. My interest has been inspired by my personal experiences, as well as my realization that mothers who want to breastfeed do not have access to adequate social or medical support. I am currently working to change that, both on an individual doctor-patient level, as well as by attempting to expand my practice so that I spend at least one office day a week working exclusively in prenatal and postnatal breastfeeding support.

The American College of Obstetrics and Gynecology, the American Academy of Pediatrics, and the American Academy of Family Physicians have clear policy statements that recommend that women exclusively breastfeed their infants (giving no additional food or formula) for the first six months of life, with continued breastfeeding for at least the first year and beyond as long as mutually desired by both mother and child. There is no medical debate within these organizations that breastfeeding provides significant medical benefits to mothers and children. As a result of this, Healthy People 2010, which is coordinated by the Office of Disease Prevention and Health Promotion and the US Department of Health and Human Services, has set a national goal that 75% of women breastfeed in the early postpartum period, 50% of women breastfeed at 6 months postpartum, and 25% of women breastfeed at one year postpartum. We are nowhere near this goal.

I feel that we need to work to change our culture so that breastfeeding is seen as the "normal" way that we feed our babies – both in private and in public. Educating the public regarding breastfeeding benefits, and encouraging and supporting women in breastfeeding exclusively must include supporting public breastfeeding. HB 5515 is an important step in this process.

Sincerely,

Katherine Pasque, MD
Clinical Instructor
Department of Obstetrics and Gynecology
University of Michigan Health Centers

From: "Gwenden Dueker" <dueker@gvsu.edu>
To: <markmeadows@house.mi.gov>
Date: Wednesday - December 2, 2009 12:47 AM
Subject: Testmony in support of HB 5515

To: Members of the Michigan Judiciary Committee
RE: HB 5515: A woman's right to breastfeed anywhere she is legally allowed to be
From: Gwenden Dueker, Ph.D. and breastfeeding mother

Members of the committee:

Unfortunately I can not be at the hearing to provide this testimony in person, but as this is a bill that I strongly support, I decided to send written testimony. I am both a breastfeeding Michigander and a Developmental Psychologist who has spent the last 12 years studying and teaching about infant and child development at Duke University (North Carolina) and at Grand Valley State University (Michigan).

The scientific evidence of the many benefits associated with breastfeeding is overwhelming. Breastfed infants are sick less often than formula fed infants, and this benefit remains in adulthood where adults who were breastfed in infancy are less likely to be obese or to develop diabetes. Breastfeeding mothers are also healthier, with lower rates of post-partum complications and reduced rates of various types of cancers. I will not rehash all of the evidence here, but I have attached a copy of the American Academy of Pediatrics'(AAP) Policy Statement on breastfeeding which provides a brief and comprehensive overview of recent science on the topic. The AAP, along with the World Health Organization, the US department of Health and Human Services, and countless other national and international health organizations have all identified both increasing breastfeeding initiation rates and increasing the rates of exclusive breastfeeding until the age of six months as important goals to improve human health outcomes in the US and around the world.

Passing HB 5515 would support the goals of increasing breastfeeding and thus, the health of Michiganders in a variety of ways. First, and obviously, it would allow women who already breastfeed to continue to do so without harassment. Less harassment makes it less likely that women will discontinue breastfeeding after they recuperate from childbirth and

return to active participation in the workforce and society, leading to increased numbers of infants who are breastfed exclusively for the first six months of life. Second, passage of this bill sends a signal to businesses in Michigan that breastfeeding is important and could lead to them beginning to provide more breastfeeding friendly policies and facilities. Third, and perhaps most importantly, passage of this bill provides a strong statement from the government of Michigan that breastfeeding is important. This message can help to create an environment in Michigan that encourages breastfeeding by explicitly challenging societal norms and prejudices against breastfeeding. Further, the publicity around passing the bill could be used to start discussions about breastfeeding and to promote education about this important topic.

There are also economic arguments to made in favor of passing this bill. Formula feeding costs the state precious funds directly from subsidizing the cost of purchasing formula and indirectly through the costs of higher rates of infant, adult and maternal illnesses associated with formula feeding. Rates of obesity, diabetes and certain types of cancers are influenced by infant feeding type (formula or breastmilk) with healthier outcomes associated with breastfeeding. Whatever the state can do to promote breastfeeding would not only lead to improvements in the health of Michigan citizens, but also to decreases in excess government spending associated with the use of formula.

Passage of HB5515 is important. It can potentially benefit every citizen of Michigan. Your support of this bill will be clear evidence of your support of Michigan families and it will be a step towards promoting a behavior that is directly linked to better health for Michigan citizens. Because breastfeeding is not yet the norm in Michigan, Michiganders are sicker than they need to be, we are spending tax revenues on formula and illnesses whenneeded for other programs and many people are uncomfortable about the topic and about seeing breastfeeding in public. Supporting this bill can positively impact all of these issues. Please help to make breastfeeding the norm in Michigan by advocating for this bill. I hope that I can count on your support for this important piece of legislation. It is a strong step in the direction of a physically and economically healthier state.

If you have any questions or would like further information on this topic, I would be happy to speak with you or your staff. I am best contacted at dueker@qvsu.edu. Thank you for your attention.

AMERICAN ACADEMY OF PEDIATRICS

POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

Section on Breastfeeding

Breastfeeding and the Use of Human Milk

ABSTRACT. Considerable advances have occurred in recent years in the scientific knowledge of the benefits of breastfeeding, the mechanisms underlying these benefits, and in the clinical management of breastfeeding. This policy statement on breastfeeding replaces the 1997 policy statement of the American Academy of Pediatrics and reflects this newer knowledge and the supporting publications. The benefits of breastfeeding for the infant, the mother, and the community are summarized, and recommendations to guide the pediatrician and other health care professionals in assisting mothers in the initiation and maintenance of breastfeeding for healthy term infants and high-risk infants are presented. The policy statement delineates various ways in which pediatricians can promote, protect, and support breastfeeding not only in their individual practices but also in the hospital, medical school, community, and nation. *Pediatrics* 2005;115:496–506; *breast, breastfeeding, breast milk, human milk, lactation.*

ABBREVIATIONS. AAP, American Academy of Pediatrics; WIC, Supplemental Nutrition Program for Women, Infants, and Children; CMV, cytomegalovirus; G6PD, glucose-6-phosphate dehydrogenase.

INTRODUCTION

Extensive research using improved epidemiologic methods and modern laboratory techniques documents diverse and compelling advantages for infants, mothers, families, and society from breastfeeding and use of human milk for infant feeding.¹ These advantages include health, nutritional, immunologic, developmental, psychologic, social, economic, and environmental benefits. In 1997, the American Academy of Pediatrics (AAP) published the policy statement *Breastfeeding and the Use of Human Milk*.² Since then, significant advances in science and clinical medicine have occurred. This revision cites substantial new research on the importance of breastfeeding and sets forth principles to guide pediatricians and other health care professionals in assisting women and children in the initiation and maintenance of breastfeeding. The ways pediatricians can protect, promote, and support breastfeeding in their individual practices, hospitals, medical schools, and communities are delineated, and the central role of the pediatrician in coordinating breastfeeding management and providing a medical home for the child is emphasized.³ These recommenda-

tions are consistent with the goals and objectives of *Healthy People 2010*,⁴ the Department of Health and Human Services' *HHS Blueprint for Action on Breastfeeding*,⁵ and the United States Breastfeeding Committee's *Breastfeeding in the United States: A National Agenda*.⁶

This statement provides the foundation for issues related to breastfeeding and lactation management for other AAP publications including the *New Mother's Guide to Breastfeeding*⁷ and chapters dealing with breastfeeding in the AAP/American College of Obstetricians and Gynecologists *Guidelines for Perinatal Care*,⁸ the *Pediatric Nutrition Handbook*,⁹ the *Red Book*,¹⁰ and the *Handbook of Pediatric Environmental Health*.¹¹

THE NEED

Child Health Benefits

Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding.¹² Exclusive breastfeeding is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short- and long-term outcomes. In addition, human milk-fed premature infants receive significant benefits with respect to host protection and improved developmental outcomes compared with formula-fed premature infants.^{13–22} From studies in preterm and term infants, the following outcomes have been documented.

Infectious Diseases

Research in developed and developing countries of the world, including middle-class populations in developed countries, provides strong evidence that human milk feeding decreases the incidence and/or severity of a wide range of infectious diseases²³ including bacterial meningitis,^{24,25} bacteremia,^{25,26} diarrhea,^{27–33} respiratory tract infection,^{22,33–40} necrotizing enterocolitis,^{20,21} otitis media,^{27,41–45} urinary tract infection,^{46,47} and late-onset sepsis in preterm infants.^{17,20} In addition, postneonatal infant mortality rates in the United States are reduced by 21% in breastfed infants.⁴⁸

Other Health Outcomes

Some studies suggest decreased rates of sudden infant death syndrome in the first year of life^{49–55} and reduction in incidence of insulin-dependent (type 1) and non-insulin-dependent (type 2) diabetes melli-

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tus,⁵⁶⁻⁵⁹ lymphoma, leukemia, and Hodgkin disease,⁶⁰⁻⁶² overweight and obesity,^{19,63-70} hypercholesterolemia,⁷¹ and asthma³⁶⁻³⁹ in older children and adults who were breastfed, compared with individuals who were not breastfed. Additional research in this area is warranted.

Neurodevelopment

Breastfeeding has been associated with slightly enhanced performance on tests of cognitive development.^{14,15,72-80} Breastfeeding during a painful procedure such as a heel-stick for newborn screening provides analgesia to infants.^{81,82}

Maternal Health Benefits

Important health benefits of breastfeeding and lactation are also described for mothers.⁸³ The benefits include decreased postpartum bleeding and more rapid uterine involution attributable to increased concentrations of oxytocin,⁸⁴ decreased menstrual blood loss and increased child spacing attributable to lactational amenorrhea,⁸⁵ earlier return to prepregnancy weight,⁸⁶ decreased risk of breast cancer,⁸⁷⁻⁹² decreased risk of ovarian cancer,⁹³ and possibly decreased risk of hip fractures and osteoporosis in the postmenopausal period.⁹⁴⁻⁹⁶

Community Benefits

In addition to specific health advantages for infants and mothers, economic, family, and environmental benefits have been described. These benefits include the potential for decreased annual health care costs of \$3.6 billion in the United States^{97,98}; decreased costs for public health programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)⁹⁹; decreased parental employee absenteeism and associated loss of family income; more time for attention to siblings and other family matters as a result of decreased infant illness; decreased environmental burden for disposal of formula cans and bottles; and decreased energy demands for production and transport of artificial feeding products.¹⁰⁰⁻¹⁰² These savings for the country and for families would be offset to some unknown extent by increased costs for physician and lactation consultations, increased office-visit time, and cost of breast pumps and other equipment, all of which should be covered by insurance payments to providers and families.

CONTRAINDICATIONS TO BREASTFEEDING

Although breastfeeding is optimal for infants, there are a few conditions under which breastfeeding may not be in the best interest of the infant. Breastfeeding is contraindicated in infants with classic galactosemia (galactose 1-phosphate uridylyltransferase deficiency)¹⁰³; mothers who have active untreated tuberculosis disease or are human T-cell lymphotropic virus type I- or II-positive^{104,105}; mothers who are receiving diagnostic or therapeutic radioactive isotopes or have had exposure to radioactive materials (for as long as there is radioactivity in the milk)¹⁰⁶⁻¹⁰⁸; mothers who are receiving antimetabolites or chemotherapeutic agents or a small number of other medications until they clear the milk^{109,110};

mothers who are using drugs of abuse ("street drugs"); and mothers who have herpes simplex lesions on a breast (infant may feed from other breast if clear of lesions). Appropriate information about infection-control measures should be provided to mothers with infectious diseases.¹¹¹

In the United States, mothers who are infected with human immunodeficiency virus (HIV) have been advised not to breastfeed their infants.¹¹² In developing areas of the world with populations at increased risk of other infectious diseases and nutritional deficiencies resulting in increased infant death rates, the mortality risks associated with artificial feeding may outweigh the possible risks of acquiring HIV infection.^{113,114} One study in Africa detailed in 2 reports^{115,116} found that exclusive breastfeeding for the first 3 to 6 months after birth by HIV-infected mothers did not increase the risk of HIV transmission to the infant, whereas infants who received mixed feedings (breastfeeding with other foods or milks) had a higher rate of HIV infection compared with infants who were exclusively formula-fed. Women in the United States who are HIV-positive should not breastfeed their offspring. Additional studies are needed before considering a change from current policy recommendations.

CONDITIONS THAT ARE NOT CONTRAINDICATIONS TO BREASTFEEDING

Certain conditions have been shown to be compatible with breastfeeding. Breastfeeding is not contraindicated for infants born to mothers who are hepatitis B surface antigen-positive,¹¹¹ mothers who are infected with hepatitis C virus (persons with hepatitis C virus antibody or hepatitis C virus-RNA-positive blood),¹¹¹ mothers who are febrile (unless cause is a contraindication outlined in the previous section),¹¹⁷ mothers who have been exposed to low-level environmental chemical agents,^{118,119} and mothers who are seropositive carriers of cytomegalovirus (CMV) (not recent converters if the infant is term).¹¹¹ Decisions about breastfeeding of very low birth weight infants (birth weight <1500 g) by mothers known to be CMV-seropositive should be made with consideration of the potential benefits of human milk versus the risk of CMV transmission.^{120,121} Freezing and pasteurization can significantly decrease the CMV viral load in milk.¹²²

Tobacco smoking by mothers is not a contraindication to breastfeeding, but health care professionals should advise all tobacco-using mothers to avoid smoking within the home and to make every effort to wean themselves from tobacco as rapidly as possible.¹¹⁰

Breastfeeding mothers should avoid the use of alcoholic beverages, because alcohol is concentrated in breast milk and its use can inhibit milk production. An occasional celebratory single, small alcoholic drink is acceptable, but breastfeeding should be avoided for 2 hours after the drink.¹²³

For the great majority of newborns with jaundice and hyperbilirubinemia, breastfeeding can and should be continued without interruption. In rare instances of severe hyperbilirubinemia, breastfeed-

TABLE 1. Breastfeeding Rates for Infants in the United States: Any (Exclusive)

	Actual: 2001			Healthy People 2010 Goals ⁴		
	Initiation ¹²⁵	6 mo ¹²⁵	1 y ¹³²	Initiation	6 mo	1 y
All women	70% (46%)	33% (17%)	18%	75%	50%	25%
Black	53% (27%)	22% (11%)	12%			
Hispanic	73% (36%)	33% (16%)	18%			
Asian	NA	NA	NA			
White	72% (53%)	34% (19%)	18%			

NA indicates that the data are not available.

ing may need to be interrupted temporarily for a brief period.¹²⁴

THE CHALLENGE

Data indicate that the rate of initiation and duration of breastfeeding in the United States are well below the *Healthy People 2010* goals (see Table 1).^{4,125} Furthermore, many of the mothers counted as breastfeeding were supplementing their infants with formula during the first 6 months of the infant's life.^{5,126} Although breastfeeding initiation rates have increased steadily since 1990, exclusive breastfeeding initiation rates have shown little or no increase over that same period of time. Similarly, 6 months after birth, the proportion of infants who are exclusively breastfed has increased at a much slower rate than that of infants who receive mixed feedings.¹²⁵ The AAP Section on Breastfeeding, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, Academy of Breastfeeding Medicine, World Health Organization, United Nations Children's Fund, and many other health organizations recommend exclusive breastfeeding for the first 6 months of life.^{‡2,127–130} Exclusive breastfeeding is defined as an infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk, and no foods) except for vitamins, minerals, and medications.¹³¹ Exclusive breastfeeding has been shown to provide improved protection against many diseases and to increase the likelihood of continued breastfeeding for at least the first year of life.

Obstacles to initiation and continuation of breastfeeding include insufficient prenatal education about breastfeeding^{132,133}; disruptive hospital policies and practices¹³⁴; inappropriate interruption of breastfeeding¹³⁵; early hospital discharge in some populations¹³⁶; lack of timely routine follow-up care and postpartum home health visits¹³⁷; maternal employment^{138,139} (especially in the absence of workplace facilities and support for breastfeeding)¹⁴⁰; lack of family and broad societal support¹⁴¹; media portrayal of bottle feeding as normative¹⁴²; commercial promotion of infant formula through distribution of hospital discharge packs, coupons for free or discounted formula, and some television and general magazine advertising^{143,144}; misinformation; and

lack of guidance and encouragement from health care professionals.^{135,145,146}

RECOMMENDATIONS ON BREASTFEEDING FOR HEALTHY TERM INFANTS

- Pediatricians and other health care professionals should recommend human milk for all infants in whom breastfeeding is not specifically contraindicated and provide parents with complete, current information on the benefits and techniques of breastfeeding to ensure that their feeding decision is a fully informed one.^{147–149}
 - When direct breastfeeding is not possible, expressed human milk should be provided.^{150,151} If a known contraindication to breastfeeding is identified, consider whether the contraindication may be temporary, and if so, advise pumping to maintain milk production. Before advising against breastfeeding or recommending premature weaning, weigh the benefits of breastfeeding against the risks of not receiving human milk.
- Peripartum policies and practices that optimize breastfeeding initiation and maintenance should be encouraged.
 - Education of both parents before and after delivery of the infant is an essential component of successful breastfeeding. Support and encouragement by the father can greatly assist the mother during the initiation process and during subsequent periods when problems arise. Consistent with appropriate care for the mother, minimize or modify the course of maternal medications that have the potential for altering the infant's alertness and feeding behavior.^{152,153} Avoid procedures that may interfere with breastfeeding or that may traumatize the infant, including unnecessary, excessive, and overvigorous suctioning of the oral cavity, esophagus, and airways to avoid oropharyngeal mucosal injury that may lead to aversive feeding behavior.^{154,155}
- Healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.^{156–158}
 - The alert, healthy newborn infant is capable of latching on to a breast without specific assistance within the first hour after birth.¹⁵⁶ Dry the infant, assign Apgar scores, and perform the initial physical assessment while the infant

‡ There is a difference of opinion among AAP experts on this matter. The Section on Breastfeeding acknowledges that the Committee on Nutrition supports introduction of complementary foods between 4 and 6 months of age when safe and nutritious complementary foods are available.

- is with the mother. The mother is an optimal heat source for the infant.^{159,160} Delay weighing, measuring, bathing, needle-sticks, and eye prophylaxis until after the first feeding is completed. Infants affected by maternal medications may require assistance for effective latch-on.¹⁵⁶ Except under unusual circumstances, the newborn infant should remain with the mother throughout the recovery period.¹⁶¹
4. Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists.^{148,162-165}
 5. Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established.¹⁶⁶⁻¹⁶⁸
 - In some infants early pacifier use may interfere with establishment of good breastfeeding practices, whereas in others it may indicate the presence of a breastfeeding problem that requires intervention.¹⁶⁹
 - This recommendation does not contraindicate pacifier use for nonnutritive sucking and oral training of premature infants and other special care infants.
 6. During the early weeks of breastfeeding, mothers should be encouraged to have 8 to 12 feedings at the breast every 24 hours, offering the breast whenever the infant shows early signs of hunger such as increased alertness, physical activity, mouthing, or rooting.¹⁷⁰
 - Crying is a late indicator of hunger.¹⁷¹ Appropriate initiation of breastfeeding is facilitated by continuous rooming-in throughout the day and night.¹⁷² The mother should offer both breasts at each feeding for as long a period as the infant remains at the breast.¹⁷³ At each feed the first breast offered should be alternated so that both breasts receive equal stimulation and draining. In the early weeks after birth, nondemanding infants should be aroused to feed if 4 hours have elapsed since the beginning of the last feeding.
 - After breastfeeding is well established, the frequency of feeding may decline to approximately 8 times per 24 hours, but the infant may increase the frequency again with growth spurts or when an increase in milk volume is desired.
 7. Formal evaluation of breastfeeding, including observation of position, latch, and milk transfer, should be undertaken by trained caregivers at least twice daily and fully documented in the record during each day in the hospital after birth.^{174,175}
 - Encouraging the mother to record the time and duration of each breastfeeding, as well as urine and stool output during the early days of breastfeeding in the hospital and the first weeks at home, helps to facilitate the evaluation process. Problems identified in the hospital should be addressed at that time, and a documented plan for management should be clearly communicated to both parents and to the medical home.
 8. All breastfeeding newborn infants should be seen by a pediatrician or other knowledgeable and experienced health care professional at 3 to 5 days of age as recommended by the AAP.^{124,176,177}
 - This visit should include infant weight; physical examination, especially for jaundice and hydration; maternal history of breast problems (painful feedings, engorgement); infant elimination patterns (expect 3-5 urines and 3-4 stools per day by 3-5 days of age; 4-6 urines and 3-6 stools per day by 5-7 days of age); and a formal, observed evaluation of breastfeeding, including position, latch, and milk transfer. Weight loss in the infant of greater than 7% from birth weight indicates possible breastfeeding problems and requires more intensive evaluation of breastfeeding and possible intervention to correct problems and improve milk production and transfer.
 9. Breastfeeding infants should have a second ambulatory visit at 2 to 3 weeks of age so that the health care professional can monitor weight gain and provide additional support and encouragement to the mother during this critical period.
 10. Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life† and provides continuing protection against diarrhea and respiratory tract infection.^{30,34,128,178-184} Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child.¹⁸⁵
 - Complementary foods rich in iron should be introduced gradually beginning around 6 months of age.¹⁸⁶⁻¹⁸⁷ Preterm and low birth weight infants and infants with hematologic disorders or infants who had inadequate iron stores at birth generally require iron supplementation before 6 months of age.^{148,188-192} Iron may be administered while continuing exclusive breastfeeding.
 - Unique needs or feeding behaviors of individual infants may indicate a need for introduction of complementary foods as early as 4 months of age, whereas other infants may not be ready to accept other foods until approximately 8 months of age.¹⁹³
 - Introduction of complementary feedings before 6 months of age generally does not increase total caloric intake or rate of growth and only substitutes foods that lack the protective components of human milk.¹⁹⁴
 - During the first 6 months of age, even in hot climates, water and juice are unnecessary for breastfed infants and may introduce contaminants or allergens.¹⁹⁵
 - Increased duration of breastfeeding confers significant health and developmental benefits for the child and the mother, especially in delaying return of fertility (thereby promoting optimal intervals between births).¹⁹⁶

- There is no upper limit to the duration of breastfeeding and no evidence of psychologic or developmental harm from breastfeeding into the third year of life or longer.¹⁹⁷
 - Infants weaned before 12 months of age should not receive cow's milk but should receive iron-fortified infant formula.¹⁹⁸
11. All breastfed infants should receive 1.0 mg of vitamin K₁ oxide intramuscularly after the first feeding is completed and within the first 6 hours of life.¹⁹⁹
 - Oral vitamin K is not recommended. It may not provide the adequate stores of vitamin K necessary to prevent hemorrhage later in infancy in breastfed infants unless repeated doses are administered during the first 4 months of life.²⁰⁰
 12. All breastfed infants should receive 200 IU of oral vitamin D drops daily beginning during the first 2 months of life and continuing until the daily consumption of vitamin D-fortified formula or milk is 500 mL.²⁰¹
 - Although human milk contains small amounts of vitamin D, it is not enough to prevent rickets. Exposure of the skin to ultraviolet B wavelengths from sunlight is the usual mechanism for production of vitamin D. However, significant risk of sunburn (short-term) and skin cancer (long-term) attributable to sunlight exposure, especially in younger children, makes it prudent to counsel against exposure to sunlight. Furthermore, sunscreen decreases vitamin D production in skin.
 13. Supplementary fluoride should not be provided during the first 6 months of life.²⁰²
 - From 6 months to 3 years of age, the decision whether to provide fluoride supplementation should be made on the basis of the fluoride concentration in the water supply (fluoride supplementation generally is not needed unless the concentration in the drinking water is <0.3 ppm) and in other food, fluid sources, and toothpaste.
 14. Mother and infant should sleep in proximity to each other to facilitate breastfeeding.²⁰³
 15. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly, or pumping the breasts and feeding expressed milk if necessary.

ADDITIONAL RECOMMENDATIONS FOR HIGH-RISK INFANTS

- Hospitals and physicians should recommend human milk for premature and other high-risk infants either by direct breastfeeding and/or using the mother's own expressed milk.¹³ Maternal support and education on breastfeeding and milk expression should be provided from the earliest possible time. Mother-infant skin-to-skin contact and direct breastfeeding should be encouraged as early as feasible.^{204,205} Fortification of expressed human milk is indicated for many very low birth weight infants.¹³ Banked human milk may be a suitable

feeding alternative for infants whose mothers are unable or unwilling to provide their own milk. Human milk banks in North America adhere to national guidelines for quality control of screening and testing of donors and pasteurize all milk before distribution.^{206–208} Fresh human milk from unscreened donors is not recommended because of the risk of transmission of infectious agents.

- Precautions should be followed for infants with glucose-6-phosphate dehydrogenase (G6PD) deficiency. G6PD deficiency has been associated with an increased risk of hemolysis, hyperbilirubinemia, and kernicterus.²⁰⁹ Mothers who breastfeed infants with known or suspected G6PD deficiency should not ingest fava beans or medications such as nitrofurantoin, primaquine phosphate, or phenazopyridine hydrochloride, which are known to induce hemolysis in deficient individuals.^{210,211}

ROLE OF PEDIATRICIANS AND OTHER HEALTH CARE PROFESSIONALS IN PROTECTING, PROMOTING, AND SUPPORTING BREASTFEEDING

Many pediatricians and other health care professionals have made great efforts in recent years to support and improve breastfeeding success by following the principles and guidance provided by the AAP,² the American College of Obstetricians and Gynecologists,¹²⁷ the American Academy of Family Physicians,¹²⁸ and many other organizations.^{5,6,8,130,133,142,162} The following guidelines summarize these concepts for providing an optimal breastfeeding environment.

General

- Promote, support, and protect breastfeeding enthusiastically. In consideration of the extensively published evidence for improved health and developmental outcomes in breastfed infants and their mothers, a strong position on behalf of breastfeeding is warranted.
- Promote breastfeeding as a cultural norm and encourage family and societal support for breastfeeding.
- Recognize the effect of cultural diversity on breastfeeding attitudes and practices and encourage variations, if appropriate, that effectively promote and support breastfeeding in different cultures.

Education

- Become knowledgeable and skilled in the physiology and the current clinical management of breastfeeding.
- Encourage development of formal training in breastfeeding and lactation in medical schools, in residency and fellowship training programs, and for practicing pediatricians.
- Use every opportunity to provide age-appropriate breastfeeding education to children and adults in the medical setting and in outreach programs for student and parent groups.

Clinical Practice

- Work collaboratively with the obstetric community to ensure that women receive accurate and

sufficient information throughout the perinatal period to make a fully informed decision about infant feeding.

- Work collaboratively with the dental community to ensure that women are encouraged to continue to breastfeed and use good oral health practices. Infants should receive an oral health-risk assessment by the pediatrician between 6 months and 1 year of age and/or referred to a dentist for evaluation and treatment if at risk of dental caries or other oral health problems.²¹²
- Promote hospital policies and procedures that facilitate breastfeeding. Work actively toward eliminating hospital policies and practices that discourage breastfeeding (eg, promotion of infant formula in hospitals including infant formula discharge packs and formula discount coupons, separation of mother and infant, inappropriate infant feeding images, and lack of adequate encouragement and support of breastfeeding by all health care staff). Encourage hospitals to provide in-depth training in breastfeeding for all health care staff (including physicians) and have lactation experts available at all times.
- Provide effective breast pumps and private lactation areas for all breastfeeding mothers (patients and staff) in ambulatory and inpatient areas of the hospital.²¹³
- Develop office practices that promote and support breastfeeding by using the guidelines and materials provided by the AAP Breastfeeding Promotion in Physicians' Office Practices program.²¹⁴
- Become familiar with local breastfeeding resources (eg, WIC clinics, breastfeeding medical and nursing specialists, lactation educators and consultants, lay support groups, and breast-pump rental stations) so that patients can be referred appropriately.²¹⁵ When specialized breastfeeding services are used, the essential role of the pediatrician as the infant's primary health care professional within the framework of the medical home needs to be clarified for parents.
- Encourage adequate, routine insurance coverage for necessary breastfeeding services and supplies, including the time required by pediatricians and other licensed health care professionals to assess and manage breastfeeding and the cost for the rental of breast pumps.
- Develop and maintain effective communication and coordination with other health care professionals to ensure optimal breastfeeding education, support, and counseling. AAP and WIC breastfeeding coordinators can facilitate collaborative relationships and develop programs in the community and in professional organizations for support of breastfeeding.
- Advise mothers to continue their breast self-examinations on a monthly basis throughout lactation and to continue to have annual clinical breast examinations by their physicians.

Society

- Encourage the media to portray breastfeeding as positive and normative.

- Encourage employers to provide appropriate facilities and adequate time in the workplace for breastfeeding and/or milk expression.
- Encourage child care providers to support breastfeeding and the use of expressed human milk provided by the parent.
- Support the efforts of parents and the courts to ensure continuation of breastfeeding in separation and custody proceedings.
- Provide counsel to adoptive mothers who decide to breastfeed through induced lactation, a process requiring professional support and encouragement.
- Encourage development and approval of governmental policies and legislation that are supportive of a mother's choice to breastfeed.

Research

- Promote continued basic and clinical research in the field of breastfeeding. Encourage investigators and funding agencies to pursue studies that further delineate the scientific understandings of lactation and breastfeeding that lead to improved clinical practice in this medical field.²¹⁶

CONCLUSIONS

Although economic, cultural, and political pressures often confound decisions about infant feeding, the AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant. Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth, and development.

SECTION ON BREASTFEEDING, 2003–2004

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